

SUPPLEMENTAL Application Data Sheet

Application Information

Application number:: 10/529,401
Filing Date:: March 28, 2005
Application Type:: Utility
Subject Matter:: Regular
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: No
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: No
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Methods and Devices for Intramuscular
Stimulation of Upper Airway and Swallowing
Muscle Groups
Attorney Docket Number:: 38163-0194US03
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contractor Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Christy
Middle Name:: L.
Family Name:: Ludlow
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: Maryland
Country of Residence:: United States
Street of mailing address:: 8801 Garfield Street

City of mailing address:: Bethesda
State or Province of mailing address:: Maryland
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 20817

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Eric
Middle Name::
Family Name:: Mann
Name Suffix::
City of Residence:: Clarksville
State or Province of Residence:: Maryland
Country of Residence:: United States
Street of mailing address:: 13712 Springdale Drive

City of mailing address:: Clarksville
State or Province of mailing address:: Maryland
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 21029-1353

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Theresa
Middle Name::
Family Name:: Burnett
Name Suffix::
City of Residence:: Silver Spring Bloomington
State or Province of Residence:: Maryland Indiana
Country of Residence:: United States
Street of mailing address:: 8324 16th Street, #324 812 South Jordan Avenue

City of mailing address:: Silver Spring Bloomington
State or Province of mailing address:: Maryland Indiana
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 20910 47401

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Steven
Middle Name::
Family Name:: Bielamowicz
Name Suffix::
City of Residence:: McLean
State or Province of Residence:: Virginia
Country of Residence:: United States
Street of mailing address:: 1500 Twisting Tree Lane

City of mailing address:: McLean
State or Province of mailing address:: Virginia
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 22101

Correspondence Information

Correspondence Customer Number:: 26633

Name:: Heller Ehrman LLP

Street of mailing address:: 1717 Rhode Island Avenue, N.W.

City of mailing address:: Washington

State or Province of mailing address:: D.C.

Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 20036

Phone number:: 202-912-2000

Fax Number: 202-912-2020

E-Mail address:: pgranados@hewm.com

Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Provisional		60/413,773	September 27, 2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/US03/030032	September 26, 2003	Yes

Assignee Information

Assignee name:: The Government of the United States of America,
as represented by the Secretary, Department of
Health and Human Services

Street of mailing address:: National Institute of Health
Office of Technology Transfer
6011 Executive Blvd., Suite 325

City of mailing address:: Rockville

State or Province of mailing address:: Maryland

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 20852